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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	VAC.700.US
First Named Inventor	JOHNSON, Royce
COMPLETE IF KNOWN	
Application Number	/
Filing Date	Herewith
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BIOCOMPATIBLE WOUND DRESSING

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
	USA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☒ Customer Number **30159** OR ☒ Correspondence address belowName **Nadeem Bridi c/o KCI Legal Dept.**Address **P.O. 659508**City **San Antonio**State **TX**ZIP **78265-9508**Country **USA**Telephone **(210) 255-4543**Fax **(210) 255-4440**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any]) **Royce**Family Name
or Surname **Johnson**Inventor's
Signature Date **13 Feb 02**Residence: City **San Antonio**State **TX**Country **USA**Citizenship **US**Mailing Address **P.O. Box 659508**City **San Antonio**State **TX**ZIP **78265-9508**Country **USA**NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any]) **David**Family Name
or Surname **Tumey**Inventor's
Signature

Date

Residence: City **San Antonio**State **TX**Country **USA**Citizenship **US**Mailing Address **P.O. Box 659508**City **San Antonio**State **TX**ZIP **78265-9508**Country **USA**☐ Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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[Page 1 of 2]

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any]) **Royce**Family Name
or Surname **Johnson**Inventor's
Signature

Date

Residence: City **San Antonio**State **TX**Country **USA**Citizenship **US**Mailing Address **P.O. Box 659508**City **San Antonio**State **TX**ZIP **78265-9508**Country **USA**NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any]) **David**Family Name
or Surname **Tumey**Inventor's
Signature

Date

Residence: City **San Antonio**State **TX**Country **USA**Citizenship **US**Mailing Address **P.O. Box 659508**City **San Antonio**State **TX**ZIP **78265-9508**Country **USA**☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002 OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	n/a
Filing Date	Herewith
First Named Inventor	Johnson, Royce
Title	BBiocompatible Wound Dressing
Group Art Unit	n/a
Examiner Name	n/a
Attorney Docket Number	VAC.700.US

I hereby appoint:

☒ Practitioners at Customer Number

30159

Place Customer
Number Bar Code
Label here

OR

☒ Practitioner(s) named below:

Name	Registration Number
Nadeem G. Bridi	42,361
William H. Quirk, IV	33,996

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

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Number Bar Code
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☒ Firm or
Individual Name

Kinetic Concepts, Inc.

Address P.O. Box 659508

Address

City San Antonio

State TX

Zip 78265-9508

Country USA

Telephone 210-255-4543

Fax

210-255-4440

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Royce Johnson

Signature

Date

13 Feb '02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*

☒ *Total of 2 (two) forms are submitted.

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Application Number	n/a
Filing Date	Herewith
First Named Inventor	Johnson, Royce
Title	BBiocompatible Wound Dressing
Group Art Unit	n/a
Examiner Name	n/a
Attorney Docket Number	VAC.700.US

I hereby appoint:

☒ Practitioners at Customer Number

30159

OR

☒ Practitioner(s) named below:

Place Customer
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Name	Registration Number
Nadeem G. Bridi	42,361
William H. Quirk, IV	33,996

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☒ Firm or
Individual Name

Kinetic Concepts, Inc.

Address P.O. Box 659508

Address

City San Antonio

State TX

Zip 78265-9508

Country USA

Telephone 210-255-4543

Fax 210-255-4440

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SIGNATURE of Applicant or Assignee of Record

Name David Tumey

Signature

Date

2/14/02

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